FIS 0511 (10/01) Office of Financial & Insurance Services

DEBT MANAGEMENT EMPLOYMENT LIST

NOTE: Complete a separate schedule for each office.

Employee List for:			
Firm Name			
Firm Address			
ager Home P		'hone	
Home Address		,	
Employees (List Alphabetically)	Title or Position	Date of Employment	Date Exam Passed
		•	<u> </u>
Signature of Officer, Partner, Member or Proprietor		Date	

Our Web address is http://cis.state.mi.us/ofis Our toll free number is 1-877-999-6442

This form is required for registration and renewal pursuant to Rule 451.1222(5) and 451.1223(7) promulgated under PA 148 of 1975, as amended. Failure to file will cause denial of application.

RETURN COMPLETED APPLICATION TO:

Office of Financial and Insurance Services Division of Licensing P.O. Box 30220 Lansing MI 48909